



Authorization for Student Possession and Use of an Epinephrine Autoinjector

A completed form must be provided to the school principal and/or nurse before the student may possess and use an epinephrine autoinjector to treat anaphylaxis in school.

Student Name _____

Address _____

This section must be completed and signed by the student's parent or guardian.

As the Parent/Guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name _____

Parent/Guardian Emergency Telephone Number _____

This section must be completed and signed by the medication prescriber.

Name and dosage of medication _____

Date medication administration begins _____

Date medication administration ends (if known) _____

Circumstances for use of the epinephrine autoinjector _____

Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief _____

Possible severe adverse reactions:

_____ To the student for which it is prescribed (that should be reported to the prescriber)

_____ To a student for which it is not prescribed who receives a dose

_____ Special instructions

As the prescriber, I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.

Prescriber Signature _____

Date _____

Prescriber Name _____

Prescriber Emergency Telephone Number _____